HERITAGE NURSING & REHABILITATION CENTER

1119 NORTH WISCONSIN STREET

PORT WASHINGTON 53074 Phone: (262) 284-5892		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	54	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	54	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	54	Average Daily Census:	53

Services Provided to Non-Residents		Age, Gender, and Primary Di	_			Length of Stay (12/31/03)	양
Home Health Care	No	l		Age Groups	 %	Less Than 1 Year	22.2
Supp. Home Care-Personal Care	No					1 - 4 Years	37.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.6	More Than 4 Years	29.6
Day Services	No	Mental Illness (Org./Psy)	24.1	65 - 74	9.3		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	24.1		88.9
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53.7	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.4	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.9			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	5.6		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	9.3	65 & Over	94.4		
Transportation	No	Cerebrovascular	13.0			RNs	10.3
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	7.1
Other Services	Yes	Respiratory	9.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	37.0	Male	18.5	Aides, & Orderlies	34.1
Mentally Ill	No			Female	81.5		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		Medicare !itle 18			Medicaid Sitle 19		Other		Private Pay		Family Care			Managed Care						
Level of Care	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	્	Per Diem (\$)	No.	્	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	4	100.0	326	36	97.3	121	2	100.0	121	11	100.0	155	0	0.0	0	0	0.0	0	53	98.1
Intermediate				1	2.7	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		37	100.0		2	100.0		11	100.0		0	0.0		0	0.0		54	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
beachs builing Reporting Terrou	i				% Needing		Total
Percent Admissions from:	į	Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	12.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		94.4	5.6	54
Other Nursing Homes	23.2	Dressing	13.0		74.1	13.0	54
Acute Care Hospitals	57.1	Transferring	14.8		77.8	7.4	54
Psych. HospMR/DD Facilities	0.0	Toilet Use	9.3		85.2	5.6	54
Rehabilitation Hospitals	0.0	Eating	42.6		57.4	0.0	54
Other Locations	7.1	******	******	*****	*****	******	*****
Total Number of Admissions	56	Continence		용	Special Treatmen	ts	%
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	14.8	Receiving Resp	iratory Care	5.6
Private Home/No Home Health	34.5	Occ/Freq. Incontiner	nt of Bladder	59.3	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	51.9	Receiving Suct	ioning	0.0
Other Nursing Homes	1.8	<u>-</u>			Receiving Osto	my Care	0.0
Acute Care Hospitals	5.5	Mobility			Receiving Tube	Feeding	3.7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	16.7
Rehabilitation Hospitals	0.0				_	-	
Other Locations	10.9	Skin Care			Other Resident C	haracteristics	
Deaths	47.3	With Pressure Sores		16.7	Have Advance D	irectives	25.9
Total Number of Discharges	i	With Rashes		1.9	Medications		
(Including Deaths)	55 j				Receiving Psyc	hoactive Drugs	57.4

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	orietarv	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	%	Ratio	%	Ratio	8	Ratio	양	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.1	84.7	1.16	88.1	1.11	86.6	1.13	87.4	1.12
	87.0	81.8		88.7	0.98	84.5	1.03	76.7	1.13
Current Residents from In-County			1.06						
Admissions from In-County, Still Residing	30.4	17.7	1.72	20.6	1.47	20.3	1.50	19.6	1.55
Admissions/Average Daily Census	105.7	178.7	0.59	189.9	0.56	157.3	0.67	141.3	0.75
Discharges/Average Daily Census	103.8	180.9	0.57	189.2	0.55	159.9	0.65	142.5	0.73
Discharges To Private Residence/Average Daily Census	35.8	74.3	0.48	75.8	0.47	60.3	0.59	61.6	0.58
Residents Receiving Skilled Care	98.1	93.6	1.05	94.9	1.03	93.5	1.05	88.1	1.11
Residents Aged 65 and Older	94.4	84.8	1.11	91.0	1.04	90.8	1.04	87.8	1.08
Title 19 (Medicaid) Funded Residents	68.5	64.1	1.07	48.6	1.41	58.2	1.18	65.9	1.04
Private Pay Funded Residents	20.4	13.4	1.52	30.8	0.66	23.4	0.87	21.0	0.97
	0.0		0.00		0.00	0.8	0.00	6.5	0.00
Developmentally Disabled Residents		1.1		0.4					
Mentally Ill Residents	24.1	32.2	0.75	31.3	0.77	33.5	0.72	33.6	0.72
General Medical Service Residents	37.0	20.8	1.78	24.1	1.54	21.4	1.73	20.6	1.80
Impaired ADL (Mean)	45.6	51.8	0.88	48.8	0.93	51.8	0.88	49.4	0.92
Psychological Problems	57.4	59.4	0.97	61.9	0.93	60.6	0.95	57.4	1.00
Nursing Care Required (Mean)	5.6	7.4	0.75	6.8	0.82	7.3	0.77	7.3	0.76
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